



DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS



5 MAY 2017

MEMORANDUM FOR ST

ATTN: JASON M. RALL

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled Evaluation of XStat and Combat Gauze in a Swine Model of Junctional Hemorrhage and Coagulopathy presented at/published to Special Operations Medicine Scientific Assembly, Charlotte NC, 21-25 May 2017 in accordance with MDWI 41-108, has been approved and assigned local file #17225.
2. Pertinent biographic information (name of author(s) title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
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4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

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Evaluation of XStat and Combat Gauze in a Swine Model of Junctional Hemorrhage with Coagulopathy

Jason M Rall, PhD; Jennifer M Cox, BS

59th Medical Wing, Office of the Chief Scientist, Joint Base San Antonio-Lackland, Texas



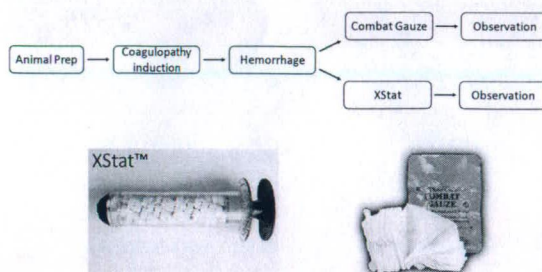
Introduction

Hemorrhage is associated with the majority of potentially survivable deaths on the battlefield.^{1,2} Currently, effective and field-tested products are lacking for treatment of junctional and noncompressible injuries. XStat is a newly developed, FDA-approved product designed to treat junctional hemorrhage.³ The product is composed of minisponges that expand on contact with blood to produce tamponade. The committee on tactical combat casualty care has recently approved the product as part of its guidelines,⁴ but data is lacking to assess its efficacy in different injury types or physiologic states. Therefore, we tested XStat and QuikClot Combat Gauze (CG) in a model of uncontrolled hemorrhage in coagulopathic swine.

Materials and Methods

Large (70-90kg) male swine were used in all experiments. Following splenectomy, coagulopathy was induced by replacing 60% of the animal's estimated blood volume with room temperature Hextend. Uncontrolled hemorrhage was initiated by transection of both axillary artery and vein following dissection and lidocaine incubation. Free bleed was allowed to proceed for 30 seconds until intervention with either XStat or Combat Gauze followed by standard backing. Primary outcomes were survival, hemostasis, and blood loss.

Figure 1. Flow chart of experimental procedures



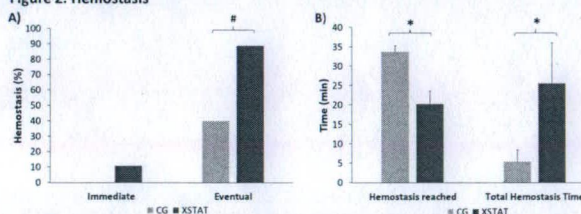
Results

Table 1. Animal Characteristics

	Combat Gauze (n=10)	XStat (n=9)	p-value
Baseline			
Weight (kg)	76.3 ± 5.0	75.6 ± 4.1	0.745
MAP (mmHg)	60.4 ± 9.2	62.5 ± 10.4	0.654
Hemoglobin (g/dL)	9.9 ± 0.6	10.1 ± 0.9	0.557
INR	1.06 ± 0.05	1.09 ± 0.05	0.337
Temperature (°C)	37.3 ± 0.3	37.1 ± 0.7	0.710
Post Coagulopathy Induction			
Hextend Coagulopathy (mL)	2975 ± 192	2947 ± 159	0.728
Blood Removed (g)	2986 ± 198	3023 ± 222	0.704
Pre-injury MAP (mmHg)	68.7 ± 10.1	66.4 ± 6.4	0.574
Hemoglobin (g/dL)	4.2 ± 0.4*	3.9 ± 0.4*	0.167
INR	1.42 ± 0.10*	1.49 ± 0.09*	0.228
Temperature (°C)	35.2 ± 0.6*	35.1 ± 1.0*	0.841
Post Intervention			
Survival	0/10 (0%)	1/9 (11%)	0.474
Time of Death (min)	35.4 ± 16.0	48.9 ± 29.1	0.438

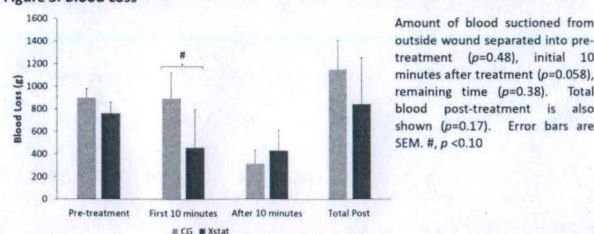
MAP, Mean Arterial Pressure; INR, International Normalized Ratio. Values are mean ± standard deviation. *, p < 0.05 vs baseline.

Figure 2. Hemostasis



A) Hemostasis achievement shown as either immediately ($p=0.45$) after application or eventual hemostasis ($p=0.057$). B) Time that hemostasis was reached ($p=0.028$) or the total time the wound was hemostatic ($p=0.029$). Error bars are SEM. *, $p < 0.05$. #, $p < 0.10$.

Figure 3. Blood Loss



Amount of blood suctioned from outside wound separated into pre-treatment ($p=0.48$), initial 10 minutes after treatment ($p=0.058$), remaining time ($p=0.38$). Total blood post-treatment is also shown ($p=0.17$). Error bars are SEM. #, $p < 0.10$.

Conclusion

The results presented here show:

- 60% Hextend/blood replacement produces a dilutional coagulopathy with hypothermia
- No differences in survival were observed
- XStat achieved a higher rate of hemostasis
- XStat-treated animals loss less blood during the first 10 minutes following intervention
- Continued testing and evaluation of XStat should be performed

References

1. Eastridge BJ, Mabry RL, Seguin P, et al. Death on the battlefield (2001-2011): Implications for the future of combat casualty care. *J Trauma Acute Care Surg.* 2012; 73:S431-437.
2. Holcomb J, Caruso J, McMullin N, et al. Causes of death in US Special Operations Forces in the global war on terrorism: 2001-2004. *US Army Med Dep J.* 2007; Jan-Mar: 24-37.
3. Mueller GR, Pineda TJ, Xie HX, et al. A novel sponge-based wound stasis dressing to treat lethal noncompressible hemorrhage. *J Trauma Acute Care Surg.* 2012; 73:S134-139.
4. Sims K, Montgomery HR, Ditturo P, et al. Management of External Hemorrhage in Tactical Combat Casualty Care: The Adjunctive Use of XStat™ Compressed Hemostatic Sponges: TCCC Guidelines Change 15-03. *J Spec Oper Med.* 2016; 16(1):19-28.

Acknowledgements

We are grateful for the technical assistance provided by the staff of the Clinical Research Division of the USAF 59th Medical Wing. This work was supported by a grant from the Air Force Medical Service Research Development Test & Evaluation program.

Disclaimer

The views expressed here are those of the authors and do not necessarily reflect the official policy or position of the Department of the Defense or its components. The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended.